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Application Number		<u></u> →
Filing Date	Filed Herewith	0
First Named Inventor	Michael H. Kenison	2
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Examiner Name		F
Attorney Docket Number	22.1444	2 E
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Application Number	
Filing Date	Filed Herewith
First Named Inventor	Michael H. Kenison
Group Art Unit	
Examiner Name	
Attorney Docket Number	22.1444

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OR  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Randolph J. Sheffield  Signature  Date  December 18, 2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		ne above-identified application to:
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Application Number	
Filing Date	Filed Herewith
First Named Inventor	Michael H. Kenison
Group Art Unit	
Examiner Name	
Attorney Docket Number	22.1444

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Name	Micha	ael H. Kenison				
Signature	Mi	halt Kens	en.			
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Application Number		1
Filing Date	Filed Herewith	
First Named Inventor	Michael H. Kenison	
Group Art Unit		
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Name Matthew D. Rouse	
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**DECLARATION FOR UTILITY OR** 

**DESIGN** 

22.1444

MICHAEL H. KENISON

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**Attorney Docket Number** 

First Named Inventor

PATENT APPL	ICATION	<u></u>	COMPLETE IF KNOWN			
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Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	е			
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As a below named inventor, I he	ereby declare that:					
My residence, mailing address, ar	nd citizenship are as sta	ted below next to my nai	me.			
I believe I am the original, first and names are listed below) of the sul						
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the specification of which  is attached hereto						
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
☐ Additional foreign application	numbers are listed on a	supplemental priority da	ata sheet PTO/SB	/02B attached hereto:		
I hereby claim the benefit under						
Application Number(s)	Filing Dat	e (MM/DD/YYYY)				
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[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR:									
Given Name Michael H. Family Nam or Surname									
Inventor's Michael !	Seuson				Date 12/18/01				
Residence: City Missouri City		State	TX	USA Country	USA Citizenship				
Mailing Address 3514 Velasco Court									
Mailing Address									
<sub>City</sub> Missouri City	State TX		ZIP	77459	USA Country				
NAME OF SECOND INVENTOR:									
Given Name Anthony ( (first and middle [if any])	F.	Family Name Veneruso or Surname							
Inventor's Signature Flaurust Date 11,2011									
Residence: City Missouri City		State	TX	Country US	A Citizenship USA				
Mailing Address 4223 Lakeshore Forest									
Mailing Address									
<sub>City</sub> Missouri City	State	ГХ	ZIP	77459	USA				
X Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

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#### **DECLARATION**

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_1

Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]	)	Family Name or Surname								
Randolph J.			Sheffield							
Inventor's Signature Karalofu Shello						Date (2/18/6)				
Residence: City Missouri City	Stat	State T>		Country USA		c	USA			
Mailing Address 4422 Lakeshore Forest Drive										
Mailing Address										
city Missouri City	Sta	te T	<b>〈</b>	ZIP	77459 c	ountry	, USA			
Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			$\Box$	Family Name or Surname						
Matthew D.				Rouse						
Inventor's Mither D. Rome Date 12/18/01							Date [2/18/01			
Residence: City Stafford	Sta	State TX		Country USA			Citizenship USA			
Mailing Address 10500 Fountain Lake Drive, Apartment #615										
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City Stafford	Sta	State T>		ZIP 77477		Cour	ntry USA			
Name of Additional Joint Inventor, if any:										
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